



DIVISION OF PROFESSIONAL REGULATION

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**DELAWARE STATE BOARD OF LANDSCAPE ARCHITECTURE**  
**APPLICATION FOR LICENSURE**

To the Delaware State Board of Landscape Architecture:

Pursuant to Title 24, Delaware Code, Chapter 2, I am making application for licensure by:

\_\_\_\_\_ CLARB Record  
\_\_\_\_\_ Examination  
\_\_\_\_\_ Reciprocity from \_\_\_\_\_ (state in which you are currently licensed)

**ALL APPLICANTS PLEASE COMPLETE THE FOLLOWING**

1. Full Name \_\_\_\_\_
2. Home Address \_\_\_\_\_
3. Business Address \_\_\_\_\_
4. Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_
5. Social Security Number \_\_\_\_\_

**APPLICANTS FOR EXAMINATION, PLEASE COMPLETE QUESTIONS 6-12.**  
**RECIPROCITY APPLICANTS, PLEASE COMPLETE QUESTIONS 8-13 ONLY.**

6. Landscape Architecture Education:

College or University <u>Technical/Other School</u>	Dates <u>Attended</u>	Degree & <u>Date</u>	Major <u>Subject</u>
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- A. \_\_\_\_\_
- B. \_\_\_\_\_
- C. \_\_\_\_\_

*Note: Question 7 need only be completed by applicants seeking exam approval and licensure under Section 206(a)(2) (work experience) and Section 206(a)(3) (combination of education and experience).*

7. Landscape Architecture Work Experience: Please provide a complete chronological record, beginning with most recent position and working backwards. Please discuss your primary and secondary duties; major projects completed, publications, etc. Use additional sheets if necessary.

A. Job Title:

Employer's Name and Address:

Date of Employment:

Job Duties and Work Performed:

B. Job Title:

Employer's Name and Address:

Date of Employment:

Job Duties and Work Performed:

C. Job Title:

Employer's Name and Address:

Date of Employment:

Job Duties and Work Performed:

D. Job Title:

Employer's Name and Address:

Date of Employment:

Job Duties and Work Performed:

Licensure in Other States/Jurisdictions

8. Are you currently or have you ever been licensed as a Landscape Architect in another state or jurisdiction? Yes\_\_\_\_\_ No\_\_\_\_\_

9. If yes, please list each state and inclusive dates of licensure.

**YOU MUST ARRANGE TO HAVE EACH STATE IN WHICH YOU HAVE EVER BEEN LICENSED PROVIDE A VERIFICATION OF Licensure/GOOD STANDING DIRECTLY TO THE BOARD.**

10. Have you ever been convicted of a felony? Yes\_\_\_\_\_ No\_\_\_\_\_

11. Have you ever had your license in any state or jurisdiction professionally disciplined (including consent agreements, fines, probation, suspension/revocation)? Yes\_\_\_\_\_ No\_\_\_\_\_

12. Are there currently any unresolved complaints or other disciplinary proceedings pending against you in any state or jurisdiction? Yes\_\_\_\_\_ No\_\_\_\_\_

**IF YOU ANSWERED "YES" TO ANY OF QUESTIONS 10-12, PLEASE PROVIDE AN EXPLANATION ON A SEPARATE SHEET.**

**RECIPROCITY APPLICANTS, PLEASE COMPLETE THE FOLLOWING QUESTION**

13. Have you obtained a passing score on all parts of the CLARB uniform national examination or other similar national examination for landscape architects? Yes\_\_\_\_\_ No\_\_\_\_\_  
Name of Examination\_\_\_\_\_ Date Passed\_\_\_\_\_

**Please forward the Certificate of Examination/Verification of Licensure Form to the state(s) in which you are licensed who can verify scores obtained on the CLARB UNE. Verification of exam scores should be sent directly from the state(s) and/or CLARB council record to the Board.**

**Please note: When your application is complete, please allow 12-16 weeks to receive your license. A complete application is one that includes all required documentation and correct payment.**

**AFFIDAVIT**

The undersigned, being sworn, deposes and says that he or she is applying for a license as a landscape architect under the terms of Title 24 Delaware Code, Chapter 2; that he or she is the person who executed this application; that all statements and answers herein are truthful; that he or she has not suppressed any information that might affect this application; and that he or she has read and understands this affidavit and the fact that FRAUD OR MISREPRESENTATION IS GROUNDS FOR DENIAL OR SUBSEQUENT REVOCATION OF A LICENSE.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_.

Notary Public in and for the

County of \_\_\_\_\_

State of \_\_\_\_\_

My Commission expires\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public

NOTARY SEAL

